

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant
 Month/Year: Sep-24

Cartridge or Bag Filtration

System Name:	Monument, City of			ID#:	WTP ID: TP- A	
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day ¹ [NTU]
1	0.00	0.00	0.00	25	0.14	0.14
2	36.00	12.00	24.00	25	0.18	0.18
3	36.00	12.00	24.00	25	0.26	0.26
4	0.00	0.00	0.00	25	0.18	0.18
5	44.00	20.00	24.00	25	0.26	0.26
6	54.00	30.00	24.00	25	0.25	0.25
7	52.00	30.00	22.00	25	0.18	0.18
8	0.00	0.00	0.00	25	0.22	0.22
9	50.00	34.00	24.00	25	0.15	0.15
10	55.00	50.00	5.00	25	0.20	0.20
11	40.00	30.00	10.00	25	0.19	0.19
12	0.00	0.00	0.00	25	0.27	0.27
13	0.00	0.00	0.00	25	0.30	0.30
14	0.00	0.00	0.00	25	0.27	0.27
15	0.00	0.00	0.00	25	0.20	0.20
16	8.00	8.00	0.00	25	0.19	0.19
17	8.00	8.00	0.00	25	0.21	0.21
18	0.00	0.00	0.00	25	0.18	0.18
19	8.00	8.00	0.00	25	0.24	0.24
20	0.00	0.00	0.00	25	0.23	0.23
21	0.00	0.00	0.00	25	0.22	0.22
22	0.00	0.00	0.00	25	0.22	0.22
23	0.00	0.00	0.00	25	0.27	0.27
24	0.00	0.00	0.00	25	0.18	0.18
25	0.00	0.00	0.00	25	0.23	0.23
26	8.00	8.00	0.00	25	0.24	0.24
27	0.00	0.00	0.00	25	0.19	0.19
28	0.00	0.00	0.00	25	0.20	0.20
29	0.00	0.00	0.00	25	0.19	0.19
30	10.00	8.00	2.00	25	0.19	0.19
31				25		

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Notes: PSI = pounds per square inch
 PSID = pounds per square inch difference (before filter - after filter)
 PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.

PRINTED NAME: Pat Garbivins
 SIGNATURE: [Signature] DATE: 10-1-24
 PHONE #: 521-409-2437 CERT #: 09043

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

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System Name:	Monument, City of	ID#: 41 00541	Month/Ye Sep-24	WTP - : A
				Disinfection Giardia Log Inactiv: 0.5

$$CT_{actual} = C_{well}(53 \text{ min.}) + C_{reservoir}(69 \text{ min.})$$

Date	Cl ₂ Residual before filters (C _{well})	Cl ₂ Residual at res. outlet (C _{reservoir}) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[ppm or mg/L]	[minutes]	formula	[° C]		formula	Yes / No	[GPM]
1	0.2	0.9	53/69	72.7	18.0	6.70	9.8	YES	39
2	0.1	0.7	53/69	53.6	19.0	6.90	9.0	YES	30
3	0.2	2.2	53/69	162.4	18.0	7.00	10.2	YES	27
4	0.2	1.4	53/69	107.2	18.0	6.90	9.8	YES	18
5	0.2	1.3	53/69	100.3	19.0	6.90	9.1	YES	23
6	0.2	1.5	53/69	114.1	18.0	6.80	9.4	YES	NA
7	0.2	1.8	53/69	134.8	19.0	6.80	8.8	YES	30
8	0.2	1	53/69	79.6	19.0	6.70	8.5	YES	NA
9	0.2	1.5	53/69	114.1	18.0	6.90	9.8	YES	27
10	0.2	0.9	53/69	72.7	21.0	6.70	7.4	YES	20
11	0.2	1.5	53/69	114.1	19.0	6.90	9.1	YES	NA
12	0.1	0.5	53/69	39.8	18.0	6.90	9.7	YES	NA
13	0.1	0.4	53/69	32.9	17.0	7.00	10.7	YES	NA
14	0.2	0.7	53/69	58.9	18.0	6.90	9.8	YES	19
15	0.2	1	53/69	79.6	18.0	6.80	9.4	YES	NA
16	0.2	0.8	53/69	65.8	17.0	6.90	10.5	YES	20
17	0.2	1.1	53/69	86.5	18.0	6.90	9.8	YES	36
18	0.1	0.8	53/69	60.5	17.0	6.90	10.3	YES	NA
19	0.2	1.4	53/69	107.2	17.0	7.00	10.9	YES	20
20	0.1	1.2	53/69	88.1	17.0	7.00	10.7	YES	20
21	0.1	1.1	53/69	81.2	17.0	6.90	10.3	YES	NA
22	0.2	0.6	53/69	52.0	18.0	6.90	9.8	YES	NA
23	0.2	2.1	53/69	155.5	19.0	7.00	9.5	YES	34
24	0.1	0.3	53/69	26.0	18.0	7.00	10.0	YES	17
25	0.1	0.5	53/69	39.8	19.0	7.00	9.4	YES	18
26	0.2	1.1	53/69	86.5	18.0	6.90	9.8	YES	20
27	0.2	1.3	53/69	100.3	18.0	6.90	9.8	YES	18
28	0.1	1	53/69	74.3	18.0	7.00	10.0	YES	21
29	0.1	1	53/69	74.3	19.0	6.90	9.0	YES	NA
30	0.1	0.9	53/69	67.4	17.0	7.00	10.7	YES	30
31			53/69	0.0				NO	

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify D 0

Revised Aug. 24, 2022

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350